

**PATENT NUMBER**

MS O.I.P.E. SCANNED <u>2</u> O.A. <u>10</u>	PATENT DATE
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APPLICATION NO. 09/463920	CONT/PRIOR D F	CLASS <del>514</del> 424	SUBCLASS C54	ART UNIT <del>1614</del>	EXAMINER TRAN
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## PHARMACEUTICAL FORMULATION

**TITLE**

PTO-2040  
12/99

<b>ISSUING CLASSIFICATION</b>									
<b>ORIGINAL</b>				<b>CROSS REFERENCE(S)</b>					
<b>CLASS</b>		<b>SUBCLASS</b>		<b>CLASS</b>	<b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b>				
<b>INTERNATIONAL CLASSIFICATION</b>									

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	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____   	_____ (Assistant Examiner) (Date)		<b>NOTICE OF ALLOWANCE MAILED</b>	
	_____ (Primary Examiner) (Date)		<b>ISSUE FEE</b> Amount Due Date Paid	
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)		<b>ISSUE BATCH NUMBER</b>	
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